Foreign National Personal History Questionnaire

This form is to be completed for each foreign national immediate family member (parents, siblings, spouse, children, co-habitant, fiancé, fiancée), Aupair or other person with whom the individual specified in the CASE SUBJECT INFORMATION block below has a close and continuing relationship, bonds of affection or obligation. Information provided will be used to conduct appropriate National Agency Checks in accordance with established policies and procedures in the course of security processing for the individual specified in the CASE SUBJECT INFORMATION block below.

SECTION I - CASE SUBJECT INFORMATION

or Contractor Nominee)	(*Privacy Act Statement: Collection of Social Security Number (SSN) authorized by E.O. 9397. SSN will be used to verify individual's identity and may be used in conjunction with existing personnel and security files. Disclosure of SSN is mandatory.)			
SECTION II - THE FOLLOWING	G INFORMATIO	N CONCERNS T	HE FOREIGN NATION	NAL ASSOCIATE
1. Westernized/English Name				
Last Name F	irst Name		Middle Name	
Is Surname from paternal or maternal side?	Paternal		Maternal	
List other names used and variations of names, to	include maiden n		od of time the name was	used.
Name:		Dates Used:		
Name:		Dates Used:		
Name:		Dates Used:		
If you have used a name in a language other than I	English, identify	the language and p	provide your name in Na	itive Script.
				<u></u>
Name in Native Script:				
2. What is your relationship to the Applicant/Contractor Nominee listed in Section I above?				
3. Provide date of birth and place of birth to include	de City, County/	Region, Country		<u> </u>
Date of Birth: (Month/day/year) City of Birth:		Region of Birth:	Country of Birth:	Tribal Association
4. Gender Male Female Female				
(C'u Li I C				
6. Citizenship Information:				
Are you a citizen of your country of birth: Yes	s 🔲 No			

6. Citizenship Information (continued):				
If not a citizen of your country of birth, of what country(ies) are you a citizen?				
Do you have a passport issued by the above country(ies)? Yes No				
If Yes, provide the following information:				
Passport Number:Issue Date:Expiration Date:				
Passport Number: Issue Date: Expiration Date:				
Passport Number:Issue Date:Expiration Date:	·····			
What is your current status in the United States?				
☐ Permanent Resident Alien ☐ Aupair ☐ Student ☐ Visitor ☐ Other (Specify:)			
Place where you entered the United States: City State:				
Date you entered the United States: Alien Registration Number:				
Do you have a VISA? Yes No				
Type:Number:Issue Date:Expiration Date:				
Who is your sponsor in the United States? (Provide name, address and telephone number.)				
Sponsor's Name				
Sponsor's Address				
Sponsor's Telephone Number:				
Do you intend to become a citizen of the United States? Yes No				
If YES, in what stage of the process are you?				
7. Foreign Activities				
Do you have any property, business connections, or financial interests in a country other than the United States?	Yes No			
Are you now or have you ever been employed by or acted as a consultant to a non-U.S. government, firm or agency?	Yes No			
Have you ever had any contact with a non-U.S. government, its establishments (embassies/consulates), or its representatives?	Yes No			
Have you ever served in the military of a government other than for the United States?	Yes No			

7. Foreign Activities (continued) If you answered YES to any of the above five questions, please provide dates and explain the circumstances.				
Month/Year to	Month/Year	Firm and/or Country	Explanation	
8. Travel O	utside of the U	nited States		
List countries Purpose of th	s to which you le travel: 1-Bu	have traveled, dates traveled and purpose siness 2-Pleasure 3-Education 4	e of travel. -Other (specify in space	ce available)
Month/Year t	to Month/Year	Code/Reason for Tra	vel	Country Visited
Q Addresse	s. Include all a	ddresses for the last seven years.		
Month/Year to	Month/Year	Street Address		City/Region/County/Country
	Present			

10. Coun	10. Countries of residence: List all countries in which you have ever resided and the time period of residence.				
Month/Yea	r to Month/Year	Country of Resid	lence		
					
			3		
11. Educa	tion: Provide th	he last school attended to include address of the school, dates at			
Month/Year	to Month/Year	School and Address	Degree Date of Degree		
12. Emplo		e all employments for the last seven years. Provide dates of emp	ployment, employer and employer's address, and		
Month/Year	to Month/Year	Employer and Address	Position Held		
	Present				
13. Associ	ations				
Have you ever been an officer or member or attended or made a contribution to an organization dedicated to violence against the United States Government or its citizens and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?					
Have you ever knowingly engaged in acts or activities designed to overthrow the United States Government by force?			Yes No No		
If you answered YES to either of the questions above, please explain the circumstances					
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14. Relatives and Associates: Provide associates.	de the full	name, correct relation	onship code, ar	nd other requested	information for family members and
Relationship codes:		4 0 0 1			- 01111
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	vhom vou	are bound by affecti	ion obligation	or close and conti	nuing contact. Specify relationship.
Full Name	Code	Date of Birth	Country of	Country(ies) of	Current Address
		Month/day/year	Birth	Citizenship and Country ID	
	j				
CERTI	FICATI	ON THAT INF	ORMATIC	ON ON THIS I	FORM IS TRUE
Statements on this form	a and a	ari attaahmanta ta	it ara trua	complete and	correct to the best of my
Statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith.					
knowledge and benef and are made in good faith.					
Printed Name of Person Completing Form					
Signature of Person Completing For	11				
Relationship to Foreign National:				Date Signed	1: